APPENDIX E.5. CMQCC OBSTETRIC HEMORRHAGE TEAM DE-BRIEFING FORM

Topic: The de-brief form provides an opportunity for maternity service teams to review then document sequence of events, successes and barriers to a swift and coordinated response to obstetric hemorrhage.

Goal: De-brief completed in 100% of all obstetric hemorrhages that progress to Stage 2 or 3. All de-briefs have at least Primary RN, and Primary MD who participates in the de-briefing session.

Instructions: Complete as soon as possible, but no later than 24 hours after any Stage 2 or 3 hemorrhages. During de-brief, obtain input from participants (all or as many as possible).

Stage 2 or 3 hemorrhages are defined as bleeding that continues after administration of IV or IM Oxytocin, vigorous fundal massage, emptied bladder and Methergine 0.2 mg IM.

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PRINT THIS FORM DOUBLE-SIDED; PATIENT STAMP ON BACK OF FORM WILL NOT BE FAXED WITH COMPLETED FORM Attach additional pages with			
<u>notes as needed</u> Were the following medications, procedures or blood products used? (Check if yes, check all that apply)			
Medications	COMMENTS about medicati	ons, procedures, or blood	Volume of blood lost: mls
☐ High dose misoprostol (800-1000 mcg)	products:		Method of Blood Loss Measurement (Check all that
☐ Carboprost tromethamine (Hemobate			apply)
Blood Volume/Options			□ Visually Estimated Only
☐ Invasive hemodynamic monitoring			□ Formal Estimate using Posters/Pictures
☐ Blood warmer	= D.:	lie de beiefo (Obere) de eel	□ Formal Measure by weight
☐ Rapid fluid infuser (level one machine) ☐ Blood cell salvage machine (cell saver)	 □ Primary MD participated in de-brief? (Check if yes) □ Primary RN participated in de-brief? (Check if yes) 		□ Formal Measure by volume collection
☐ Factor VIIa (non-standard treatment)			
Procedures	B	F	Blood Product Transfusion Ratios - Active
□ Intrauterine balloons	Post-hemorrhage, the patient required (Check if yes, check all that apply) □ Intubation □ Central Line		Hemorrhage Treatment and Resuscitation Period (~the first 4-6 hours PP) Units of PRBCs: Units of FFP:
☐ B-Lynch suture			
Uterine artery ligation			
☐ Uterine artery embolization		erial Line	onito of the other.
□ Non-pneumatic Anti-shock Garments (NASG; non-standard	☐ Admission to ICU☐ Admission to higher acuity unit		Units of Platelets: Units of Cryo:
treatment) (e.		., PACU)	onto or reactions.
Thinking about how the obstetric hemorrha	atie was manatied	Identify opportunities f	or improvement: "human factors" (Check if
Identify what went well (Check if yes, describe)		yes, describe)	
□ Communication went well		☐ Communication needs	ad improvement
☐ Teamwork went well		☐ Teamwork needed im	•
		□ Teamwork needed im	provement
Leadership went well			
□ Decision-making went well		□ Leadership needed im	provement
☐ Assessing the situation went well		□ Decision-making need	ded improvement
□ Other		Assessing needed imp	provement
Briefly describe:		☐ Other	
•		Briefly describe:	
Identify opportunities for improvement: "non-	□ Delaye in transporting	-	
	, , , ,		
human factors" (Check if yes, describe)	hospital or to another facility)		
☐ Delay in blood products availability	□ Other		
☐ Equipment issues	Briefly describe:		
☐ Medications issues			
☐ Inadequate support (in-unit or other areas of the			
hospital)			